



\_\_\_\_\_  
School Name County

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City ZIP

\_\_\_\_\_  
Contact Person Contact Person's School Phone Contact Person's E-mail

\_\_\_\_\_  
Contact Person's Home Address Contact Person's Home Phone

\_\_\_\_\_  
City ZIP

\_\_\_\_\_  
Names of **ALL** teachers who will attend—Materials will be sent to registered teachers **ONLY**

\_\_\_\_\_  
Number of Students Number of Busses Grade Level(s)

*Please indicate your top three time slot preferences:*

Thursday, September 25, 2003

9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 1:00 1:30 2:00

\_\_\_\_\_

Friday, September 26, 2003

9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 1:00 1:30 2:00

\_\_\_\_\_

*Please return completed form by **fax** or **mail** to:*

Jennie Boyd  
Kentucky Historical Society

100 W. Broadway  
Frankfort, KY 40601  
(ph) 877-444-7867 (fax) 502-564-4701